FORM D



UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C 20549

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

	OMB	APP	HO	<u>VAL</u>	•
1R	Numbe	۳.	_ ;	2235	-0076

OMB Number: 3235-0076
Expires: May 31,2002
Estimated average burden

hours per response . . .

SEC USE ONLY							
Prefix	Serial						
DATE REC	EIVED						
1	1						

Name of Offering (check if this is an Mile Rock Partners, LP	amendment and name has changed, and indicate change	e.) 1118987
Filing Under (Check box(es) that apply):	☐ Rule 504 ☐ Rule 505 ☒ Rule 506 ☐	Section 4(6) ULOE
Type of Filing:	nendment	
	A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about t	he issuer	
I ame of Issuer (check if this is an	amendment and name has changed, and indicate change	e.)
Mile Rock Partners, LP		<u> </u>
Address of Executive Offices	(Number and Street, City, State, Zip Code)	Telephone number (Including Area Code)
2334 Corona Court, Berkeley, CA 94708		(510) 559-1410
Address of Principal Business Operations	(Number and Street, City, State, Zip Code)	Telephone number (Including Area Code)
(if different from Executive Offices) n/a		_/^
Brief Description of Business private inve	estment fund	PROCESSED
Type of Business Organization	fs:	HEGGINED JUL 2 4 2002
□ corporation □	I limited partnership, already formed	
		other (please specify): THOMSON FINANCIAL
Actual or Estimated Date of Incorporation	or Organization Month Year O 0 3	☐ Estimated
Jurisdiction of Incorporation or Organizat	ion: (Enter two-letter U.S. Postal Service abbreviation	for State: C A
	CN for Canada; FN for other foreign jurisdiction)	

GENERAL INSTRUCTIONS

Federal

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address. Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of Information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1972 (7-00) 1 of 8

A. BASIC IDENTIFICATION DATA 2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer: Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. ☐ Promoter ☐ Beneficial Owner **Executive Officer** Director \boxtimes Check Box(es) that Apply: General and/or Managing Partner Full Name (Last name first, if individual) Mile Rock Partners Capital Management, LLC Business or Residence Address (Number and Street, City, State, Zip Code) 2334 Corona Court, Berkeley, CA 94708 **Executive Officer** Check Box(es) that Apply: ☐ Promoter Beneficial Owner Director General and/or Managing Partner Full Name (Last name first, if individual) Konkel, Fred Edward Business or Residence Address (Number and Street, City, State, Zip Code) 5321 Golden Gate Avenue, Oakland, CA 94618 ☐ Director Check Box(es) that Apply: ☐ Promoter Beneficial Owner **Executive Officer** General and/or Managing Partner Full Name (Last name first, if individual) Owens, William Haviland Business or Residence Address (Number and Street, City, State, Zip Code) 2334 Corona Court, Berkeley, CA 94708 ☐ Director Check Box(es) that Apply: □ Promoter Beneficial Owner **Executive Officer** General and/or Managing Partner Full Name (Last name first, if individual) Roberts, Thomas Business or Residence Address (Number and Street, City, State, Zip Code) 106 Edmunds Road, Wellesley, MA 02481-2940 Beneficial Owner **Executive Officer** ☐ Director General and/or Check Box(es) that Apply: □ Promoter Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: □ Promoter Beneficial Owner **Executive Officer** Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) ☐ Promoter Beneficial Owner **Executive Officer** ☐ Director General and/or Check Box(es) that Apply: Managing Partner

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

				B. II	NFORMAT	TION ABO	UT OFFE	RING				
											Yes	No
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?									🗆	\boxtimes		
	Answer also in Appendix, Column 2, if filing under ULOE. 2. What is the minimum investment that will be accepted from any individual?											
2. What	is the minin	num investr	nent that wi	Il be accept	ed from any	y individual	?			•••••	. \$ <u>500,0</u>	<u> 000*</u>
											Yes	No
3. Does t	he offering	permit join	t ownership	of a single	unit?						🛛	
4. Enter	the informa	tion request	ed for each	person who	has been o	or will be pa	id or given	directly or	indirectly,	any		
										offering. If	a	
	to be listed list the nam											
	or dealer, y							re associate	a persons o	. sacir a		
Full Nam	e (Last nam	e first, if in	dividual)									
Business	or Residence	e Address (Number an	d Street, Ci	ty, State, Zi	ip Code)		_				
Name of .	Associated	Broker or D	Dealer								· · ·	
States in	Which Perso	on Listed H	as Solicited	or Intends	to Solicit P	urchasers						
(Check "A	All States" o	or check ind	lividual Stat	tes)	***************************************	***********				••••	. 🗆 А	Il States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	 [HI]	[ID]
(IL)	(IN)	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NH]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
	e (Last nam			[]				[1				()
	o (Bust ham	11104, 11 111	ar (Taular)									
Business	or Residenc	e Address (Number an	d Street, Ci	ty, State, Zi	p Code)						····
			•		•	,						
Name of	Associated	Broker or D	Dealer									
States in '	Which Perso	on Listed H	as Solicited	or Intends	to Solicit P	urchasers						
(Check "A	All States" o	or check ind	lividual Stat	tes)	***************************************						. 🗆 A	ll States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NH]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Nam	e (Last nam	e first, if in	dividual)									
Business	or Residenc	e Address (Number an	d Street, Ci	ty, State, Zi	p Code)				····		
Name of	Associated :	Broker or D	Dealer									
										_		
States in '	Which Perso	on Listed H	as Solicited	or Intends	to Solicit P	urchasers						
(Check "A	All States" o	or check ind	lividual Stat	es)						•••••	. 🗆 A	Il States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NH]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

* minimum subject to waiver by general partner in its discretion

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
Type of Security	Aggregate Offering Price	Amount Already Sold
Debt	\$	\$
Equity	\$	\$
☐ Common ☐ Preferred		
Convertible Securities (including warrants)	\$	\$
Partnership Interests	\$100,000	\$3,283,903.97
Other (Specify)	\$	\$
Total	\$ <u>100,000</u>	\$3,283,903.97
Answer also in Appendix, Column 3, if filing under ULOE.	4 <u>200,000</u>	4 <u>5,265,765,77</u>
2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
	Number Investors	Aggregate Dollar Amount of Purchases
Accredited Investors	<u>3</u>	\$ <u>100,000</u>
Non-accredited Investors		\$
Total (for filings under Rule 504 only)		\$
Answer also in Appendix, Column 4, if filing under ULOE.		
3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1.		
	Type of	Dollar Amount
Type of Offering	Security	Sold
Rule 505		\$
Regulation A		\$
Rule 504		\$
Total		\$
4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
Transfer Agent's Fees		\$
Printing and Engraving Costs	🛛	\$ <u>2,000</u>
Legal Fees	🛛	\$ <u>20,000</u>
Accounting Fees		\$
Engineering Fees		\$
Sales Commissions (specify finders' fees separately)		\$
Other Expenses (identify) filing fees, mailing		\$ <u>8,000</u>
Total		\$30.000

	C. OFFERING PRICE, NUN	iber of investors, expenses an	\mathbf{D}	SE OF P	ROCEEDS		
4.	b. Enter the difference between the aggregate offer and total expenses furnished in response to Part C - gross proceeds to the issuer."	Question 4.a. This difference is the "adju	sted			\$ <u>3,</u>	253,903.97
5.	Indicate below the amount of the adjusted gross pro- each of the purposes shown. If the amount for any check the box to the left of the estimate. The total gross proceeds to the issuer set forth in response to	purpose is not known, furnish an estimate a of the payments listed must equal the adjus	and	for			
				Off Direc	nents to icers, etors, & iliates		Payments to Others
	Salaries and fees			\$] \$	i
	Purchase of real estate			\$] \$	
	Purchase, rental or leasing and installation of ma	chinery and equipment		\$] \$	<u>. </u>
	Construction or leasing of plant buildings and fa	cilities		\$] \$	
	Acquisition of other businesses (including the value that may be used in exchange for the assets or semerger	curities of another issuer pursuant to a		\$] \$	
	Repayment of indebtedness			\$] \$	<u> </u>
	Working capital			\$] \$	<u> </u>
	Other (specify): Investment Portfolio			\$	Σ	3 \$	3,253,903.97
				\$] \$	
				\$] \$	
	Column Totals			\$	Σ	? [3,253,903.97
	Total Payments Listed (column totals added	l)			\$3,253,9)03. <u>9</u>	<u>97</u>
		D. FEDERAL SIGNATURE					
fo	e issuer has duly caused this notice to be signed by lowing signature constitutes an undertaking by the i staff, the information furnished by the issuer to any	ssuer to furnish to the U.S. Securities and I	Excha	inge Con	ımission, upor		
	uer (Print or Type) ile Rock Partners, LP	Signature			Date //0/6	/ 22	_
	ame of Signer (Print or Type) ed E. Konkel	Title of Signer (Print or Type) Managing Member, Mile Rock Partners C	apital	Manage	ment LLC, Ge	nera	al Partner

	E. STATE SIGNATURE		
		Yes	No
	resently subject to any of the disqualification provisions		×
	See Appendix, Column 5, for state response.		
2. The undersigned issuer hereby undertakes to (17 CFR 239.500) at such times as required	o furnish to any state administrator of any state in which this notice is filed, a by state law.	notice on For	m D
3. The undersigned issuer hereby undertakes tofferees.	o furnish to the state administrators, upon written request, information furnish	hed by the issu	ier to
	ssuer is familiar with the conditions that must be satisfied to be entitled to the which this notice is filed and understands that the issuer claiming the available at these conditions have been satisfied.		iited
The issuer has read this notification and know undersigned duly authorized person.	s the contents to be true and has duly caused this notice to be signed on its be	half by the	
Issuer (Print or Type) Mile Rock Partners, LP	Signature Date	Voz	
Name of Signer (Print or Type) Fred E. Konkel	Title of Signer (Print or Type) Managing Member, Mile Rock Partners Capital Management LLC,	General Partne	er

Instruction:

Print the name and title of signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually typed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

1	Intend t non-acc investors	o sell to credited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C – Item 1)		Type of investor and amount purchased in State (Part C – Item 2)				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL									
AK								_	
AZ									
AR									
CA		X	LP interests	5	883,903	0	0		X
СО									
СТ									
DE									
DC									
FL									
GA					· · · · · · · · · · · · · · · · · · ·		·		
ні									
ID									
IL	<u> </u>	X	LP interests	1	100,000	0	0		X
IN	——————————————————————————————————————								
IA					<u> </u>				
KS									
KY									
LA									
ME									
MD									
MA		X	LP interests	1	1,000,000	0	0		X
MI									
MN									
MS									
мо									

APPENDIX

1	Type of security Intend to sell to non-accredited investors in State (Part B-Item 1) 3 Type of security and aggregate offering price offered in state (Part C - Item 1)				Type of amount pu (Part	5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E - Item 1)			
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
МТ									
NE									
NV									
NH									
NJ									
NM					***				
NY		X	LP interests	2	1,050,000	0	0		X
NC									
ND									
ОН									
ок									
OR									
PA									
RI			· · · · · · · · · · · · · · · · · · ·						
sc									
SD									
TN									
TX									
UT									
VT									
VA		X	LP interests	1	250,000	0	0		X
WA									
wv									
WI									
WY	·								
PR									